

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS  
PROTOCOL**

<b>SUBJECT:</b> Aquatic Therapy	<b>Protocol #:</b> PA P129.03 <b>Protocol Pages:</b> 1 <b>Attachments:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Initial Effective Date:</b> June 1999 <b>Latest Review Date:</b> May 2002
<b>APPLIES TO:</b> MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input type="checkbox"/>	
<b>MIHS HEALTH PLANS APPROVALS:</b>  Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____	

**PURPOSE:** The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Aquatic Therapy.

**PROTOCOL:**

- A. Aquatic Therapy  
CPT: 97113
- B. The prior authorization specialist may approve **with Medical Director review** and if **all** of the following are present:
  - 1. Patient has a medical condition requiring physical therapy;
  - 2. Patient has failed to demonstrate improvement from routine physical therapy services;
  - 3. Patient requires the buoyancy of water to support muscles while providing resistance to promote muscle strengthening;
  - 4. Patient's aquatic therapy must be part of a comprehensive physical rehabilitation plan that includes measurable and time-limited outcome indicators of functional ability **and**
  - 5. Patient must be able to participate in a group exercise program, be able to learn an aquatic exercise program for use in pool or hot tub, and have good potential for recovery of functional ability.

**Note:** If approved, aquatic therapy will be authorized for four (4) weeks followed by a re-evaluation of the patient's progress in the measurable functional indications.

- C. Patients receiving instruction in a home exercise regimen will only be authorized for four (4) billable encounters. All encounters must be performed within a four (4) week period.
- D. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- E. This protocol addressed medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.